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ABSTRACT

The paper reveals: alcoholism is the leading cause of death among Native people; Native Americans have a higher alcoholism rate than any other minority group in the country; 20 to 80% of a tribal population had drinking problems; these numbers involve men, women, children, and the unborn; and the trend is toward more alcoholism. The impact on tribes shows how the most important human resource of the tribal group, i.e., the school age children in grades K-12, are abusing alcohol to the point that they cannot take advantage of the gains made by the Indian people during the decade of the 1980's. Lists of suggestions for dealing with student alcohol problems include fundamentals of alcohol education, preparing to deal with the problem drinker, and student drinking. The second section covers implementation of youth prevention programs. The section emphasizes the need for the total community to be involved in alcohol and drug prevention efforts but, the logical place to begin with is the individual and the school. Prevention approaches include providing support to existing alcoholism programs, implementing prevention activities in schools via the spontaneous approach or the subject area integration approach, and developing a community-based prevention project. (AH)

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ALCOHOLISM AMONG INDIAN STUDENTS
WALKING LIKE YOU TALK

A PAPER PRESENTED
TO THE
NATIONAL INDIAN CHILD CONFERENCE
ALBUQUERQUE, NEW MEXICO
May 17-21, 1981

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INTRODUCTION

Alcoholism[1] is the leading cause of death among Native people. Despite all efforts to eradicate or ameliorate alcoholism in Native populations, the problem persists, and current scientific research suggests the the prevalence, incidence and patterns of abuse have been exacerbated. Faced with growing economic uncertainty, community-based programs and professional alcoholism care providers are struggling to deliver effective, efficient and acceptable treatment but little is clear and the larger questions of what will work remain seemingly unanswered.[2]

Native Americans have a higher rate of alcoholism than any other ethnic group in the country. In 1976, a national survey[3] conducted by Native people revealed that 20 to 80% of a tribal population had drinking problems, and that the trend is toward more alcoholism. In 1973 (on the 24 federal reservation states), 6.9% of the total Native deaths (N=399) were primarily attributable to alcoholism. "This number makes the overall mortality rate for deaths primarily attributable to alcoholism 51.9 per 100,000, or an increase of 23% over the rate of 1972."[4]

The patterns of alcoholism are also assuming pernicious characteristics. Formerly alcoholism was predominantly a male problem but now has spread to include women, children and the unborn. In 1971, the Mayo Clinic studied 42 Native children who were severe alcohol abusers and found that most of the children's parents were alcoholics and in some cases, entire families were drinking excessively.[5]

In 1975, Indian Health Service admitted a 9-year-old Native child to the hospital and treated him for delirium tremens. Investigation revealed that the boy's father was alcoholic and that the child had been drinking steadily for three years.[6]

Even the unborn Native child is threatened by alcoholism. Recently, health care providers have become aware of fetal alcohol syndrome, a phenomenon which results in the profound retardation of children carried by alcoholic mothers.

28% — Of this nation's students in grades seven through twelve are "problem drinkers." 66% — of youth in the fourth grade have consumed alcohol at least once. 45% — of the youth in the fourth grade consider themselves to be current users of alcohol. These rates consistently rise until, at the high school level, 96% of the students report having tried alcohol and 78% report current use of alcohol.[7] The problem of increasing teenage drinking is almost EPIDEMIC. The statistics mentioned do not make any reference to Indian students. However, through personal observations on several Indian reservations and in many Urban areas I Know and believe each of you are aware of the Magnitude of Alcoholism among Indian Youth.

I. IMPACT ON TRIBES

ALCOHOL - Cunning, baffling, powerful. This chemical substance is so tricky that is has duped men and women of all social classes. It has destroyed sound emotionally strong professional, political, religious, and economic relationships'. Even worse it has pervaded the moral fabric of the Indian worlds. Because of alcohol many hopes, dreams and goals of individual Indians and tribes have not been realized. What's sad about the abuse of alcohol is that the most important human resource of tribal groups is abusing alcohol to the point that they are not contributing to the development of the tribal group but to its demise. The most important human resource of which I speak is Indian Youth. School age children in grades K-12.

The decade of the 1980's is an important one to Indian people in the United States. Indian people have made substantial gains, educationally, politically, socially, economically and religiously. The laws enacted by by the U.S. Congress attest to this. Examples: Indian Financing Act, Health Care Improvement Act, Indian Self-Determination Act, just to mention a few.

Progress in the realm of self-determination and total self-governance by tribal groups and the individual does not cease with the enactment of a law. There is always room for improvement, but improvement is beset with hard work, risks, and obstacles. One of the major obstacles is the constant abuse of alcohol by Indians in all levels of social and occupational strata.

The Indian Health Service, Office of Alcohol Programs, considers Alcoholism to be the most significant and urgent health problem of the American Indian. Yet with too many people it; fits, unseen or ignored into everyday life. The time to do something about Alcoholism has arrived.

We in service providing organizations need to do something about the problem. To change some problem area begins with acknowledgement that a problem is present. As persons involved in the process of education be it in the Role of Parent, School Board member, school superintendent, principal, teacher supervisor, teacher, coach, custodian, teacher aide, cook or interest citizen we can assist in working with the student who is in school and abusing alcohol. The question must be asked, "where?" Just where are our Indian Youth and our society's youth learning to drink?

II. CAUSES OF TEENAGE DRINKING

Much of the literature indicates that teenage drinking begins in the home and in the culture in which youngsters are members. For most of us living in the U.S. the use of alcohol is a socially sanctioned drug used by the majority of Americans as a relaxant and socializer. Youth, as members of the culture in which they live reflect adult drinking habits and adult attitudes toward drinking. This is consistent with their mimicry of other behavioral patterns of their elders.[8]

Students learn drinking behavior and patterns from their peer group. Usually older friends of younger siblings introduced the use of alcohol to peers. Once the method of procuring alcohol was learned it was continued. Procuring alcohol from illegal sources, especially bootleggers. On Indian reservations the Indian Youth could well trip into an adult who used the same "bootlegger".

Although the reasons are not clear, some authorities speculate that earlier social maturation of todays youth leads to earlier experimentation in a variety of so called adult behaviors.[9]

Finally, up until recently, "occasional drinking until drunk and reckless behavior while intoxicated have been fairly conventional youthful activities associated with growing up in America" says Sidney Cohen, M.D. My own observations in a number of reservations and Urban areas confirms that this principal applies to Indian Youth as well.

Information gathered indicated alcohol rleated problems among Mescalero Indian Youth is dead serious. Alcohol abuse is damaging to Indian Youth, psychologically, physically and spiritually. Indian children from the Mescalero Apache Reservation are with limited resources for self-gratification. Often have been heard to remark, "there is nothing to do but go out and get drunk". They seem to say, can you please help us. The seriousness of alcohol abuse among youth has made an impact on the community to become more concerned and to do something-are we too late.

III. AS EDUCATORS WHAT CAN YOU EXPECT FROM THE YOUTH WHO HAS PROBLEMS WITH ALCOHOL.

Problem drinking in youth can and does lead to behavior problems which can be spotted if the educator know the symptons of the problem drinkers. An analysis of the drinking and antisocial behavior of high school boys have revealed that a definite relationship exists.[10]

Students who are non-drinkers but have alcoholic parents, have temper tantrums, fighting with peers and trouble in school may indicate that the help is needed for the student.[11]

More appropriately, students with drinking parents are said to have more school absenteeism and girls in the problem group are found to show significant disturbances on six: emotional stability, family and social relationships, confirmity, mood and leadership.[12]

Also, it can be expected that students with an alcohol problem; low grades, tired feeling, listlessness, arguments, feelings of grandiosity, insecurity, inability to complete assignments or tasks. This is not to say that these are sure signs that problem drinking is the cause but they are red flags that should cue the teacher or appropriate official that a time out is necessary.

IV. FUNDAMENTALS OF ALCOHOL EDUCATION

It does not matter what role individual assumes in a school setting if assistance is to be provided to the student with a problem with alcohol all should attempt to comply with following essentials. They apply more so to teachers as teachers have a great deal of contact with students.

1. Interest in the subject—of alcohol and what it does to the abuse, scholastically, emotionally and physically.
2. Knowledge of the educational code of the state referring to the subject.
3. Knowledge of the physiological, historical, social and economic factors pertaining to the particular addiction.
4. Acquaintance with the approved teaching aide.
5. Knowledge of the growth and development status of the pupils so that discussions can take place at their level.
6. Emotional maturity on the part of the teacher or helper himself.
7. Acquaintance with community resources and research in the field.
8. Awareness of limitations of one's own profession.
9. Understanding the proper context of one's teaching within the education scheme as a whole.
10. Keeping in view the fact that problems in alcohol addiction may apply to other subjects as well and to life in general.

11. Educators can request through appropriate school procedures exposure to teacher training programs where they can evaluate their own attitudes about alcohol and alcoholism.

12. Request information from the proper source of information on alcoholism and alcohol abuse.

V. BE PREPARED TO DEAL WITH THE PROBLEM DRINKER

The time will arrive when a staff member of the school will observe the symptoms in a student who is having an alcohol problem. What in his good conscience should that individual do?

1. Review the behavior patterns of the student— This should be documented.

2. Using the school regular policies and procedures governing this matter and the students Rights and Responsibilities make a decision to proceed to check the matter in more detail discreetly. After having done this check your decision and go with it. You may save a life.

3. Seek Support of the school authorities. The Educator might turn to the principal, school nurse, or counselor for help in working with the student. This school "team" may wish to talk with the parents about the matter; they will need tact and commmication skills in meeting parent resistance to the idea that something could be wrong in their household, with their child, or with their marriage. (A 1974 study of New Jersey high school students by Streit Associates found that lack of communication as perceived by the youngsters

was a problem in the homes of those who were using alcohol and other mood-changing substances to share a group or peer experience.)

Educators can participate in the art of healing if they take sensible, decisive initial steps to motivate the youngsters to go for treatment. Young alcohol abusers must be confronted with their behavior; they must understand and face the consequences of their excessive drinking.

Finally, the effective educator knows what resources are available on this subject. Fortunately, literally hundreds of brochures, pamphlets, books, and films are available through local Alcoholism Councils. These Councils are staffed by helpful, knowledgeable people prepared to help schools.

4. Document all matters relating to this activity.

VI. STUDENT DRINKING

Most of us realize that we will not stop students from drinking. It may be our hope to help our youth to stay out of trouble when they drink but we must remember the stress our youth face when confronted with the decision to drink. It will be their decision to drink or not to drink. Perhaps we can arm them with the facts governing the use of alcohol so they can judge for themselves. Listed below are a few very important principles to be considered by youth before and even after they experiement with alcohol.

1. It is not essential to drink. An individual—youth or adult—who decides to abstain from alcohol for moral, medical, economic, or any other reasons, should not be placed under pressure to drink by other members of his society.

2. Excessive drinking does not indicate adult status, virility or masculinity. In an adult society, one can no more establish his manhood by his ability to hold a large amount of liquor than by his ability to hold a large amount of food.

3. Uncontrolled drinking or alcoholism is an illness. These individuals, like victims of diabetes or tuberculosis, are sick and can and should be helped.

4. Safe drinking depends on specific physiological as well as psycho-social factors.
   a. Early development of healthy attitudes toward drinking.
   b. Prevention of dangerous blood-alcohol levels by restricting the amounts consumed.
   c. Recognition that drinking is dangerous when used in an effort to solve emotional problems.
   d. Universal agreement that intoxication will not be sanctioned by the group. Most effective among these is to engender a public attitude that drinking to the point of intoxication is socially unacceptable.
   e. An understanding that alcohol education should not be restricted to alcoholism education.
   f. Sobriety for Native Americans has been practiced for over 30,000 years and alcohol problems with Native Americans has developed in the last 200 years.

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IMPLEMENTATION OF YOUTH PREVENTION PROJECTS
BY CHARLES HEDIN

The best method of treating alcoholism and alcohol abuse among Indian students is through prevention. Generally all facets of a community should become involved in this effort. There are methods by which you who serve in roles as an interested parent, teacher, school counselor, and principal can assist your school community in implementing a prevention project. Alcoholism Programs currently exist in many Indian communities. However, these programs need to develop their own prevention components. As community members you can provide valuable support to all programs that are in operation and secondly, begin to initiate an alcohol education effort in the schools.

A. Providing support to an existing alcoholism program. (Brief Outline)

1. Contact Program Director - Offer your volunteer services in some capacity.
2. Develop a youth committee
3. Organize plans and ideas
4. Professional Volunteer Services
   a. proposal writing
   b. teaching
5. Publicity campaigns
6. Task Force on Alcoholism that involves Community Indian. e.g. Medicine man, elders, representative from church groups, educators, tribal officials.

B. Implementation of prevention activities in schools

School based alcohol prevention programs in the United States are gaining popularity as teachers, parents and school administrators are frustrated in their attempts to resolve alcohol related school problems. There are several approaches in implementing a school alcohol education course. There are two approaches. 1) Spontaneous Approach and 2) Subject Area Integration Approach. Before implementing an alcohol education program the prevalence and incidence of alcoholism and alcohol abuse with students in the receiving school needs to be documented.

1. The Spontaneous Interest Approach

The teacher can be actively involved in open discussion about attitudes concerning drug and alcohol use. Examples of other alcohol-related issues would be; safety, health, peer pressures, handling of emotions, role-modeling and risk-taking. The student would eventually be able to understand the dangers involved in abusing alcohol as well as recognize self-destructive behaviors.

2. Subject Area Integration Approach

Integrating alcohol education with Health Education, Social Studies, English and Art can be effective. Actual alcohol studies would be introduced, including reading assignments, art classes would involve students in creation of paintings, drawings around drinking behaviors, physical effects, responses to being sad or angry.

C. Developing the Community-based prevention project.

This section will outline briefly the necessary steps in the development of prevention programs in the community. These steps of course, are not arranged in a rigid order of application.

1. Recognize the problem of alcoholism for what it is; that is, a significant cause of mortality, morbidity and general community disruption. This step, obvious as it seems, is rarely taken in more than a half-hearted manner. Leadership, if not already assumed by others, should be taken by the Indian Health Service.

2. Collect data on the extent and effects of alcoholism locally. It is essential that the data be available as a basis for rational planning and evaluation. Although frequently, accurate figures do not exist, a reasoned and informed judgment from the sources as outlined in part VI is a good starting point. More sophisticated methods of data collection must be developed as the program itself develops.

3. Involve the leadership of the community early and listen well to their advice and counsel. No matter how elaborate and theoretically sound a program may be, it will fail if it is not in tune with the local needs and attitudes of the people. Not only Indian leaders should be consulted, include other organizations concerned with the problems of alcoholism.

4. Determine the magnitude and characteristics of the local alcohol problem, in cooperation with community leaders and resources. The nature of the local problem needs careful definition, such as the patterns of drinking and barriers to progress.

5. Take a careful inventory of locally existing resources for the recognition, treatment and prevention of alcoholism and identify services available for alcoholics and their families.

6. In conjunction with the local Indian leadership, set goals and objectives for the type of new program the community wants and needs. Such goals and objectives must be realistic and reflect what the community is prepared to support.

7. Work out, with consultation from the area staff, a community alcoholism council or alternative plans of action which would be needed to accomplish the goals and objectives which are established. Such plans should include a realistic estimate of cost, taking into account existing space, staff, and time as well as outside resources which might be utilized. Plans should be comprehensive, with attention to training, health education, data collection, and community action, as outlined in the guide.

8. Choose, with the advice and approval of the Tribal Council, the best alternatives for action. The plan chosen for adoption should incorporate a means by which the programs can be evaluated.

9. Implement the approved plan immediately to the extent possible. Any comprehensive plans will include which do not involve the expenditure of money or acquisition of other new resources. Parts of the program should be initiated as soon as possible, to lay the groundwork for future efforts.

10. Implement the whole plan as soon as extra resources become available. It is important to keep the Tribe informed of progress in implementation. They have a right to know about the progress made as well as the delays and frustrations encountered.

11. Evaluate the program objectively by comparing results with baseline information and measuring the extent to which original goals and objectives have been met. Evaluation should be done in close cooperation with the Tribal Advisory Group.

12. Revise goals, objectives, and plans in light of the new experience gained from the evaluation and the continued operation of the program.

CONCLUSION/SUMMARY

The prevention of drug and alcohol abuse involves the total community, if the young are to develop healthy attitudes and behaviors toward responsible alcohol use. More importantly a logical place to begin prevention efforts is with the individual and the schools.